



C A L I F O R N I A   D E P A R T M E N T   O F  
**Mental Health**

Audits Branch - Southern Region  
11401 S. Bloomfield Ave., Bldg. 203, Norwalk, CA 90650-2015  
Telephone: (562) 406-3929      Fax: (562) 406-3951

May 20, 2008

Marvin J. Southard, D.S.W., Director  
Los Angeles County Department of Mental Health  
550 So. Vermont Avenue. 12<sup>th</sup> Floor  
Los Angeles, CA 90020

Dear Dr. Southard:

**AUDIT REPORT – OLIVE VIEW/UCLA MEDICAL CENTER**

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Olive View/UCLA Medical Center, for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs (Schedule 1) represents the actual net program costs allowable under the above mentioned statutes.

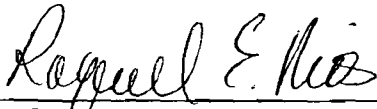
The effect of this revised allowable program costs is as follows:

<u>Net Program Costs</u>			
	<u>Settled</u>	<u>Allowed</u>	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal – FFP	\$ 1,358,168	\$ 1,339,112	\$ (19,056)

If you disagree with any of the results of this audit, you may request an informal appeal conference. This request must be in writing and received by the Department of Health Care Services within sixty (60) calendar days following the date of receipt of this report.

Your notice of disagreement should be directed to Vickie P. Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Care Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

*for*   
WALTER J. HILL, Jr. MBA, EA  
Chief

  
RAQUEL E. RIOS, Supervisor  
Audits – Southern Region

Enclosures

CERTIFIED MAIL

LOS ANGELES  
COMMUNITY MENTAL HEALTH SERVICES  
SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS  
FISCAL YEAR ENDED JUNE 30, 2003

LEGAL ENTITY NAME: LAC OLIVE VIEW UCLA MEDICAL CENTER  
LEGAL ENTITY NUMBER: 00505

		<u>As Settled</u>	<u>Audit</u> <u>Adjustments</u>	<u>As Audited</u>
<u>NET REIMBURSABLE MEDI-CAL</u> <u>PROGRAM COST</u>				
FEDERAL - FFP	(Sch. 2)	\$ <u>1,358,168</u>	\$ <u>(19,056)</u>	\$ <u>1,339,112</u>

**LAC OLIVE VIEW UCLA MEDICAL CENTER**  
**Los Angeles COMMUNITY MENTAL HEALTH SERVICES**  
**SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE**  
**FISCAL YEAR ENDED JUNE 30, 2003**

		<u>As Settled</u>	<u>Audit Adjustments</u>	<u>As Audited</u>
<b><u>Total Medi-Cal Gross Reimbursement</u></b>				
1. Inpatient SD/MC	(MH 1968, Ln 11, 11A)	\$ 1,880,773	\$ (26,424)	\$ 1,854,349
2. Outpatient SD/MC	(MH 1968, Ln 11, 11A)	1,228,400	(10,371)	1,218,029
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)	0	0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	0	1,576	1,576
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	0	0	0
7. Healthy Family Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	0	0	0
8. Healthy Family Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	0	8,182	8,182
9. Total		<u>\$ 3,109,173</u>	<u>\$ (27,037)</u>	<u>\$ 3,082,136</u>
<b><u>Less: Patient &amp; Other Payor Revenues</u></b>				
10. Inpatient SD/MC	(MH 1968, Ln 28, 28A)	\$ 227,340	\$ (54)	\$ 227,286
11. Outpatient SD/MC	(MH 1968, Ln 28, 28A)	77,857	(696)	77,161
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)	0	0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)	0	0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)	0	0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)	0	0	0
16. Healthy Family Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Family Patient Revenue-O/P	(MH 1968, Ln 31)	0	0	0
18. Total		<u>\$ 305,197</u>	<u>\$ (750)</u>	<u>\$ 304,447</u>
<b><u>Medi-Cal Net Reimbursement for Direct Services</u></b>				
19. Inpatient SD/MC (Incl Children Enhn)	(Ln 1,3 - Ln 10,12)	\$ 1,653,433	\$ (26,370)	\$ 1,627,063
20. Outpatient SD/MC (Incl Children Enhn)	(Ln 2,4 - Ln 11,13)	1,150,543	(8,099)	1,142,444
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)	0	0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)	0	0	0
23. Healthy Family-I/P	(Ln 7 - Ln 16)	0	0	0
24. Healthy Family-O/P	(Ln 8 - Ln 17)	0	8,182	8,182
25. Total		<u>\$ 2,803,976</u>	<u>\$ (26,287)</u>	<u>\$ 2,777,689</u>
<b><u>Medi-Cal MAA Reimbursement</u></b>				
26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$ 0	\$ 0	\$ 0
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	0	0	0
28. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
<b><u>Amount Negotiated Rates Exceed Cost</u></b>				
29. Inpatient SD/MC (Incl Children Enhn)	(MH 1968, Ln 38, 38A)	\$ 202,882	\$ 29,045	\$ 231,927
30. Outpatient SD/MC (Incl Children Enhn)	(MH 1968, Ln 38, 38A)	142,262	(1,008)	141,254
31. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)	0	0	0
32. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)	0	0	0
33. Healthy Families-I/P	(MH 1968, Ln 40, 40A)	0	0	0
34. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	0	948	948
35. Total		<u>\$ 345,144</u>	<u>\$ 28,985</u>	<u>\$ 374,129</u>
<b><u>Net Reimbursable Cost - FFP</u></b>				
36. Direct Services	(MH1979, Ln 16, 16A)	\$ 1,444,454	\$ (18,153)	\$ 1,426,301
37. Enhanced SD/MC (Children)	(MH1979, Ln 17, 17A)	0	1,024	1,024
38. Enhanced SD/MC (Refugees)	(MH1979, Ln 18)	0	0	0
39. MAA	MH 1979, Ln 11, 12)	0	0	0
40. Negotiated Rate-Payback-SD/MC & Enh	(MH1979, Ln 20)	(86,286)	(7,009)	(93,295)
41. Healthy Families Reimbursement	(MH1979, Ln 27)	0	5,081	5,081
42. Total - FFP		<u>\$ 1,358,168</u>	<u>\$ (19,056)</u>	<u>\$ 1,339,112</u>
<b><u>Contract Maximum</u></b>		<u>\$ 1,530,740</u>	<u>\$ 2,795,124</u>	<u>\$ 4,325,864</u>
<b><u>Lower of Net Reimbursable Cost or Contract Maximum</u></b>		<u>\$ 1,358,168</u>	<u>\$ (19,056)</u>	<u>\$ 1,339,112</u>
				(To Sch. I)

## AUDIT ADJUSTMENTS

Provider				Entity Number	No. of Adj.	Fiscal Period Ended	
Olive View/UCLA Medical Center				00505	15	07/01/02 To 06/30/03	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
ADJUSTMENTS TO SETTLED COSTS							
1	MH 1961	1	B	Physician Costs - Administrative Days - 05/19	\$ 0	\$ (17,381)	\$ (17,381)
	MH 1961	2	B	Ancillary Costs - Administrative Days - 05/19	0	(17,296)	(17,296)
				Total	<u>\$ 0</u>	<u>\$ (34,677)</u>	<u>\$ (34,677)</u>
To adjust settled physician and ancillary costs to audited amount based on review of provider documents.							
2	MH 1964	2		Hospital Inpatient Services	\$ 7,711,567	\$ (34,677)	\$ 7,676,890
				To reflect the effect of cost adjustment on settled mode of service cost.			
3	MH 1991		G	Physician Costs - Administrative Days - 05/19	\$ 32,628	\$ (17,381)	\$ 15,247 *
	MH 1991		H	Ancillary Costs - Administrative Days - 05/19	28,666	(17,296)	11,370 *
				Total	<u>\$ 61,294</u>	<u>\$ (34,677)</u>	<u>\$ 26,617</u>
To reflect the effect of cost adjustments on settled physician and ancillary costs for inpatient administrative days.							
4	MH 1966	3	C	Gross Cost - 05/19	\$ 274,353	\$ (34,677)	\$ 239,676
				To adjust settled inpatient administrative days gross cost to reflect audit adjustment to physician and ancillary costs.			
5	MH 1991		G	Physician Costs - Administrative Days - 05/19	** \$ 15,247	\$ 0	\$ 15,247
	MH 1991		H	Ancillary Costs - Administrative Days - 05/19	** 11,370	0	11,370
To reflect audited physician and ancillary costs for each period of service on MH 1991.							
* Balance carried forward to subsequent adjustment.							
** Balance brought forward from prior adjustment.							

## AUDIT ADJUSTMENTS

Provider				Entity Number	No. of Adj.	Fiscal Period Ended	
Olive View/UCLA Medical Center				00505	15	07/01/02 To 06/30/03	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b>ADJUSTMENTS TO SETTLED PATIENT STATISTICS</b>			
6	MH 1966	2	B	Total Units - 05/10	10,035	260	10,295
	MH 1966	2	C	Total Units - 05/19	1,315	-	1,315
	MH 1966	2	B	Total Units - 10/24	93,731	1	93,732
	MH 1966	2	B	Total Units - 15/42	43,109	-	43,109
	MH 1966	2	C	Total Units - 15/62	7,500	0	7,500
				Total	155,690	261	155,951
				To adjust reported total units of service per settled cost report to agree with RGMS 701 U-P.			
7	MH 1966	8	Total	Medi-Cal Units @ 51.40%	7,623	286	7,909 *
	MH 1966	8A	Total	Medi-Cal Units @ 51.62%	23,127	50	23,177 *
	MH 1966	9	Total	Medicare/Medi-Cal Crossover Units @ 51.40%	6	(6)	-
	MH 1966	9A	Total	Medicare/Medi-Cal Crossover Units @ 51.62%	81	(81)	-
	MH 1966	10	Total	Enhanced - Children @ 65%	-	-	-
	MH 1966	10A	Total	Enhanced - Children @ 65%	-	19	19
	MH 1966	10A	Total	Healthy Family (SED)	-	157	157
					30,837	425	31,262
				To adjust settled Medi-Cal units of service to agree with State DMH approved units of service.			
8	MH 1966	8	Total	Medi-Cal Units @ 51.40%	7,909	(300)	7,609 *
	MH 1966	8A	Total	Medi-Cal Units @ 51.62%	23,177	(116)	23,061 *
					31,086	(416)	30,670
				To adjust Medi-Cal units of service to include County edited invalid Medi-Cal approved units of service.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

## AUDIT ADJUSTMENTS

Provider				Entity Number	No. of Adj.	Fiscal Period Ended	
Olive View/UCLA Medical Center				00505	15	07/01/02 To 06/30/03	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
ADJUSTMENTS TO SETTLED PATIENT STATISTICS, CONT'D.							
9	MH 1966	8	B	Medi-Cal Units @ 51.40% 05/10	850	(22)	828
	MH 1966	8A	B	Medi-Cal Units @ 51.62% 05/10	2,506	-	2,506
	MH 1966	8	C	Medi-Cal Units @ 51.40% 05/19	113	22	135
	MH 1966	8A	C	Medi-Cal Units @ 51.62% 05/19	436	-	436
To adjust settled inpatient Medi-Cal units of service to agree with service function changes per County MHMIS report.							
10	MH 1966	8	Total	Medi-Cal Units @51.40%	** 7,609	(272)	7,337
	MH 1966	8A	Total	Medi-Cal Units @ 51.62%	** 23,061	(81)	22,980
To disallow approved Medi-Cal inpatient days for clients who are eligible for pregnancy and emergency services only. W & I Code Section 5719 and DMH Aid Code Master Chart.							
11	MH 1991		E	SD/MC Administrative Days	** 618	12	630
				To reflect the effect of Medi-Cal units of service audit adjustments on settled Medi-Cal inpatient administrative days on form MH 1991.			
* Balance carried forward to subsequent adjustment.							
** Balance brought forward from prior adjustment.							

AUDIT ADJUSTMENTS

Provider				Entity Number	No. of Adj.	Fiscal Period Ended	
Olive View/UCLA Medical Center				00505	15	07/01/02 To 06/30/03	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
12	ADJUSTMENTS TO SETTLED REVENUES						
	MH 1968	28	E	Patient and Other Payor Revenues @ 51.40% - I/P	\$ 42,217	\$ 893	\$ 43,110
	MH 1968	28A	E	Patient and Other Payor Revenues @ 51.62% - I/P	185,123	(947)	184,176
	MH 1968	28	G	Patient and Other Payor Revenues @ 51.40% - D/T	22,028	(182)	21,844
	MH 1968	28A	G	Patient and Other Payor Revenues @ 51.62% - D/T	55,831	(534)	55,297
					\$ 305,197	\$ (750)	\$ 304,447
				To adjust settled patient and other payor revenues to agree with Medi-Cal share of revenue based on ratio of audited Medi-Cal cost to audited total cost.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			



AUDIT ADJUSTMENTS

Provider				Entity Number	No. of Adj.	Fiscal Period Ended	
Olive View/UCLA Medical Center				00505	15	07/01/02 To 06/30/03	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				SETTLEMENT ADJUSTMENTS			
13	MH 1979	23	J	Adjusted Total SD/MC Reimbursement (FFP)	\$ 1,358,168	\$ (24,137)	\$ 1,334,031
	MH 1979	27	J	Total Healthy Families Reimbursement	-	5,081	5,081
					\$ 1,358,168	\$ (19,056)	\$ 1,339,112
				To reflect the effect of audit adjustments on settled total Short-Doyle/Medi-Cal FFP reimbursement.			
14	Sch 2			Contract Maximum	\$ 1,530,740	\$ 2,795,124	\$ 4,325,864
				To reflect County funds available to match Medi-Cal FFP.			
15	Sch 2			Lower of Net Reimbursable Cost or Contract Maximum	\$ 1,358,168	\$ (19,056)	\$ 1,339,112
				To reflect the lower of audited net reimbursable Medi-Cal FFP cost or contract maximum.			

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS  
MH 1960 (10/04)

Fiscal Year 2002-2003

County: Los Angeles  
County Code: 19

Legal Entity: LAC OLIVE VIEW UCLA MEDICAL C		A	B	C
Legal Entity Number: 00505		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures		14,700,255	14,700,255
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)			
4	Other Adjustments (Provide Detail)			
5	Total Costs Before Medi-Cal Adjustments		14,700,255	14,700,255
6	Medi-Cal Adjustments from MH 1961			(34,677)
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			14,665,578
	Administrative Costs (County Only)			
9	SD/MC Administration			
10	Healthy Families Administration			
11	Non-SD/MC Administration			
12	Total Administrative Costs			
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			
14	Other SD/MC Utilization Review			
15	Non-SD/MC Utilization Review			
16	Total Utilization Review Costs			
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			14,665,578
19	Total Costs - Lines 9 through 18			14,665,578

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
MEDI-CAL ADJUSTMENTS TO COSTS  
MH 1961 (10/04)

DEPARTMENT OF MENTAL HEALTH  
  
Fiscal Year 2002-2003

County: Los Angeles  
County Code: 19

Legal Entity: LAC OLIVE VIEW UCLA MEDICAL C		A	B	C
Legal Entity Number: 00505		Salaries and Benefits	Other	Total Adjustments
1	Physician Costs		(17,381)	(17,381)
2	Ancillary Costs		(17,296)	(17,296)
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments		(34,677)	(34,677)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
 ALLOCATION OF COSTS TO MODES OF SERVICE  
 MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH  
 Fiscal Year 2002-2003

County: Los Angeles  
 County Code: 19

Legal Entity: LAC OLIVE VIEW UCLA MEDICAL CENTER		A
Legal Entity Number: 00505		Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	14,665,578
	<b>Modes</b>	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	7,676,890
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	6,873,731
5	Outpatient Services (Mode 15 Program 1 + Program 2)	114,957
6	Outreach Services (Mode 45)	
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	
9	Total - Lines 2 through 8	14,665,578

County: Los Angeles  
County Code: 19

NR CR

Legal Entity: LAC OLIVE VIEW UCLA MEDICAL CENTER			A	B	C	D	E	F	G
Legal Entity Number: 00505			Mode Total	Service	Service	Service	Service	Service	Service
Mode: 05 - Hospital Inpatient (SFC 10-19)				Function	Function	Function	Function	Function	Function
1	Allocation Percentage		100.00%	96.88%	3.12%				
2	Total Units		11,610	10,295	1,315				
3	Gross Cost		7,676,890	7,437,214	239,676				
4	Cost per Unit			722.41	182.26				
5	SMA per Unit			838.20	235.96				
6	Published Charge per Unit			1,630.00	1,630.00				
7	Negotiated Rate / Cost per Unit			838.20	182.26				
8	Medi-Cal Units	07/01/02 - 09/30/02	472	368	104				
8A		10/01/02 - 06/30/03	2,161	1,635	526				
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03							
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02							
10A		10/01/02 - 06/30/03							
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03							
12	Non-Medi-Cal Units		8,977	8,292	685				
13	Medi-Cal Costs	07/01/02 - 09/30/02	294,723	265,847	28,876				
13A		10/01/02 - 06/30/03	1,327,700	1,181,141	146,559				
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	337,334	308,458	28,876				
14A		10/01/02 - 06/30/03	1,517,016	1,370,457	146,559				
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	628,716	599,840	28,876				
15A		10/01/02 - 06/30/03	2,811,609	2,665,050	146,559				
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02	337,334	308,458	28,876				
16A		10/01/02 - 06/30/03	1,517,016	1,370,457	146,559				
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A		10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A		10/01/02 - 06/30/03							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A		10/01/02 - 06/30/03							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03							
21	Enhanced SD/MC (Children) Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03							
22	Enhanced SD/MC (Children) SMA Upper Limits	07/01/02 - 09/30/02							
22A		10/01/02 - 06/30/03							
23	Enhanced SD/MC (Children) Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03							
24	Enhanced SD/MC (Children) Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs								
26	Enhanced SD/MC (Refugees) SMA Upper Limits								
27	Enhanced SD/MC (Refugees) Published Charges								
28	Enhanced SD/MC (Refugees) Negotiated Rates								
29	Healthy Families Costs	07/01/02 - 09/30/02							
29A		10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A		10/01/02 - 06/30/03							
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		6,054,467	5,990,226	64,241				

County: Los Angeles  
County Code: 19

NR

Legal Entity: LAC OLIVE VIEW UCLA MEDICAL CENTER			A	B	C	D	E	F	G
Legal Entity Number: 00505				Service	Service	Service	Service	Service	Service
Mode: 10 - Day Services			Mode Total	Function	Function	Function	Function	Function	Function
				24					
1	Allocation Percentage		100.00%	100.00%					
2	Total Units			93,732					
3	Gross Cost		6,873,731	6,873,731					
4	Cost per Unit			73.33					
5	SMA per Unit			82.94					
6	Published Charge per Unit			240.00					
7	Negotiated Rate / Cost per Unit			82.94					
8	Medi-Cal Units	07/01/02 - 09/30/02		4,045					
8A		10/01/02 - 06/30/03		10,229					
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03							
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02							
10A		10/01/02 - 06/30/03		19					
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03		97					
12	Non-Medi-Cal Units			79,342					
13	Medi-Cal Costs	07/01/02 - 09/30/02	296,636	296,636					
13A		10/01/02 - 06/30/03	750,132	750,132					
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	335,492	335,492					
14A		10/01/02 - 06/30/03	848,393	848,393					
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	970,800	970,800					
15A		10/01/02 - 06/30/03	2,454,960	2,454,960					
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02	335,492	335,492					
16A		10/01/02 - 06/30/03	848,393	848,393					
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A		10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A		10/01/02 - 06/30/03							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A		10/01/02 - 06/30/03							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03							
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03	1,393	1,393					
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22A		10/01/02 - 06/30/03	1,576	1,576					
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03	4,560	4,560					
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03	1,576	1,576					
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	Healthy Families Costs	07/01/02 - 09/30/02							
29A		10/01/02 - 06/30/03	7,113	7,113					
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A		10/01/02 - 06/30/03	8,045	8,045					
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03	23,280	23,280					
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03	8,045	8,045					
33	Non-Medi-Cal Costs		5,818,457	5,818,457					

## CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

## DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL  
MH 1966A (10/04)

## DETAIL COST REPORT

PAGE 1 OF 1  
Fiscal Year 2002-2003

County: Los Angeles  
County Code: 19

NR NR

Legal Entity: LAC OLIVE VIEW UCLA MEDICAL CENTER		A	B	C	D	E	F	G
Legal Entity Number: 00505		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 1)			42	62				
1	Allocation Percentage	100.00%	75.60%	24.40%				
2	Total Units	50,609	43,109	7,500				
3	Gross Cost	114,957	86,906	28,051				
4	Cost per Unit		2.02	3.74				
5	SMA per Unit		2.28	4.23				
6	Published Charge per Unit		4.00	8.00				
7	Negotiated Rate / Cost per Unit		2.28	4.23				
8	Medi-Cal Units	07/01/02 - 09/30/02	2,820	2,520	300			
8A		10/01/02 - 06/30/03	10,590	9,060	1,530			
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02						
9A		10/01/02 - 06/30/03						
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02						
10A		10/01/02 - 06/30/03						
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03						
11	Healthy Families (SED) Units	07/01/02 - 09/30/02						
11A		10/01/02 - 06/30/03	60	60				
12	Non-Medi-Cal Units		37,139	31,469	5,670			
13	Medi-Cal Costs	07/01/02 - 09/30/02	6,202	5,080	1,122			
13A		10/01/02 - 06/30/03	23,987	18,265	5,722			
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	7,015	5,746	1,269			
14A		10/01/02 - 06/30/03	27,129	20,657	6,472			
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	12,480	10,080	2,400			
15A		10/01/02 - 06/30/03	48,480	36,240	12,240			
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02	7,015	5,746	1,269			
16A		10/01/02 - 06/30/03	27,129	20,657	6,472			
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02						
17A		10/01/02 - 06/30/03						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02						
18A		10/01/02 - 06/30/03						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02						
19A		10/01/02 - 06/30/03						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02						
20A		10/01/02 - 06/30/03						
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02						
21A		10/01/02 - 06/30/03						
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02						
22A		10/01/02 - 06/30/03						
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02						
23A		10/01/02 - 06/30/03						
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02						
24A		10/01/02 - 06/30/03						
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03						
29	Healthy Families Costs	07/01/02 - 09/30/02						
29A		10/01/02 - 06/30/03	121	121				
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02						
30A		10/01/02 - 06/30/03	137	137				
31	Healthy Families Published Charges	07/01/02 - 09/30/02						
31A		10/01/02 - 06/30/03	240	240				
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02						
32A		10/01/02 - 06/30/03	137	137				
33	Non-Medi-Cal Costs		64,647	63,440	21,207			

## Fiscal Year 2002-2003

Legal Entity Number: 00505

County Code: 19			REIMBURSEMENT TYPE				SMA		SMA		Costs		
Legal Entity: LAC OLIVE VIEW UCLA MEDICAL CENTER			A	B	C	D	E	F	G	H	I	J	K
Legal Entity Number: 00505			Mode 55 S.F.'s 01-09      S.F.'s 11-19      S.F.'s 21-29			Total MAA	Total Inpatient Mode 05- Hospital	Mode 05-All Other	Mode 10	Mode 15 Program (1)	Total Outpatient Exclude Program (2)	Mode 15 Program (2)	Total Outpatient (Col. I + Col. J)
1	Medi-Cal Costs	07/01/02 - 09/30/02					294,723		296,636	6,202	302,838		302,838
1A		10/01/02 - 06/30/03					1,327,700		750,132	23,987	774,119		774,119
2	Medi-Cal SMA	07/01/02 - 09/30/02					337,334		335,492	7,015	342,507		342,507
2A		10/01/02 - 06/30/03					1,517,016		848,393	27,129	875,522		875,522
3	Medi-Cal P. C.	07/01/02 - 09/30/02					628,716		970,800	12,480	983,280		983,280
3A		10/01/02 - 06/30/03					2,811,609		2,454,960	48,480	2,503,440		2,503,440
4	Medi-Cal N. R.	07/01/02 - 09/30/02					337,334		335,492	7,015	342,507		342,507
4A		10/01/02 - 06/30/03					1,517,016		848,393	27,129	875,522		875,522
5	Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02					337,334		335,492	7,015	342,507		342,507
5A		10/01/02 - 06/30/03					1,517,016		848,393	27,129	875,522		875,522
6	Medicare/Medi-Cal Crossover Cost	07/01/02 - 09/30/02											
6A		10/01/02 - 06/30/03											
7	Medicare/Medi-Cal Crossover SMA	07/01/02 - 09/30/02											
7A		10/01/02 - 06/30/03											
8	Medicare/Medi-Cal Crossover P. C.	07/01/02 - 09/30/02											
8A		10/01/02 - 06/30/03											
9	Medicare/Medi-Cal Crossover N. R.	07/01/02 - 09/30/02											
9A		10/01/02 - 06/30/03											
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/02 - 09/30/02											
10A		10/01/02 - 06/30/03											
11	Total SD/MC + Crossover Gross Reim.	07/01/02 - 09/30/02					337,334		335,492	7,015	342,507		342,507
11A		10/01/02 - 06/30/03					1,517,016		848,393	27,129	875,522		875,522
12	Enhanced SD/MC (Children) Cost	07/01/02 - 09/30/02											
12A		10/01/02 - 06/30/03							1,393		1,393		1,393
13	Enhanced SD/MC (Children) SMA	07/01/02 - 09/30/02											
13A		10/01/02 - 06/30/03							1,576		1,576		1,576
14	Enhanced SD/MC (Children) P. C.	07/01/02 - 09/30/02											
14A		10/01/02 - 06/30/03							4,560		4,560		4,560
15	Enhanced SD/MC (Children) N. R.	07/01/02 - 09/30/02											
15A		10/01/02 - 06/30/03							1,576		1,576		1,576
16	Enhanced SD/MC (Children) Gross Reim.	07/01/02 - 09/30/02											
16A		10/01/02 - 06/30/03							1,576		1,576		1,576
17	Enhanced SD/MC (Refugees) Cost	07/01/02 - 06/30/03											
18	Enhanced SD/MC (Refugees) SMA	07/01/02 - 06/30/03											
19	Enhanced SD/MC (Refugees) P. C.	07/01/02 - 06/30/03											
20	Enhanced SD/MC (Refugees) N. R.	07/01/02 - 06/30/03											
21	Total Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02					337,334		335,492	7,015	342,507		342,507
21A	(Excludes Refugees)	10/01/02 - 06/30/03					1,517,016		848,393	27,129	877,098		877,098
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/02 - 06/30/03											
23	Healthy Families Cost	07/01/02 - 09/30/02											
23A		10/01/02 - 06/30/03							7,113	121	7,234		7,234
24	Healthy Families SMA	07/01/02 - 09/30/02											
24A		10/01/02 - 06/30/03							8,045	137	8,182		8,182
25	Healthy Families P. C.	07/01/02 - 09/30/02											
25A		10/01/02 - 06/30/03							23,280	240	23,520		23,520
26	Healthy Families N. R.	07/01/02 - 09/30/02											
26A		10/01/02 - 06/30/03							8,045	137	8,182		8,182
27	Healthy Families Gross Reim.	07/01/02 - 09/30/02											
27A		10/01/02 - 06/30/03							8,045	137	8,182		8,182
	Less: Patient and Other Payor Revenues												
28	SD/MC + Crossover Revenues	07/01/02 - 09/30/02					43,110		21,864		21,864		21,864
28A		10/01/02 - 06/30/03					184,176		55,297		55,297		55,297
29	Enhanced SD/MC (Children) Revenues												
30	Enhanced SD/MC (Refugees) Revenues												
31	Healthy Families Revenues												
32	Total Expenditures from MAA (Mode 55)												
33	Medi-Cal Eligibility Factor (Average)												
34	Revenue - MAA												
35	Net Due - SD/MC for Direct Services	07/01/02 - 09/30/02					294,224		313,628	7,015	320,643		320,643
35A		10/01/02 - 06/30/03					1,332,840		794,672	27,129	821,801		821,801
36	Net Due - Enhanced SD/MC (Refugees)												
37	Net Due - Healthy Families	07/01/02 - 09/30/02											
37A		10/01/02 - 06/30/03							8,045	137	8,182		8,182
	Amount Negotiated Rates Exceed Costs												
38	SD/MC (Includes Children)	07/01/02 - 09/30/02					42,611		38,857	812	39,669		39,669
38A		10/01/02 - 06/30/03					189,316		98,444	3,142	101,585		101,585
39	Enhanced SD/MC (Refugees)												
40	Healthy Families	07/01/02 - 09/30/02											
40A		10/01/02 - 06/30/03							932	16	948		948



## Fiscal Year 2002-2003

[illegible]

County: Los Angeles  
County Code: 19  
Legal Entity: LAC OLIVE VIEW UCLA MEDICAL CENTER  
Legal Entity Number: 00505

Mode: 15 - Outpatient (Program 1)											A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
Data Type					SD/MC + Crossover Units			Breakdown of 2nd Period Units as a Percentage		SD/MC + Crossover Gross Reimbursement Costs Using SMA Upper Limits From MH1906 MODE15 (1)				Medi-Cal Patient and Other Payer Revenue From MH1901 Schedule B				Net Direct Costs (Gross Reim Costs - Revenue)				FFP Dollars																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
Source Formula					From MH1901 Schedule B Supplemental			Calculated		From MH1906 MODE15 (1)				From MH1901 Schedule B				Calculated				Calculated																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
Period					1st Period			2nd Period/ Part I		2nd Period/ Part II		1st Period		2nd Period/ Part I		2nd Period/ Part II		Total 2nd Period		1st Period		2nd Period/ Part I		2nd Period/ Part II		Total 2nd Period		1st Period		2nd Period/ Part I		2nd Period/ Part II		Total 2nd Period		(51.40% * N)		(50.00% * O)		(54.35% * P)		(S + T)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
Units					07/01/02 - 09/30/02			10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/02 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/02 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03		04/01/03 - 06/30/03		10/01/02 - 03/30/03	

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

DETERMINATION OF SD/MC FFP %  
MH 1978 (10/04)

Fiscal Year 2002-2003

County: Los Angeles  
County Code: 19

Legal Entity: LAC OLIVE VIEW UCLA MEDICAL CENTER

Legal Entity Number: 00505		A		B		C		D		E		F	
Data Type		Net Direct Costs (Gross Reim. Costs - Revenue)		FFP Dollars		Effective FFP%							
Source		MH1970s		MH1970s		Calculated							
		Column N		Column Q		Column R		Column U					
Formula						(C6 / A6)		(D6 / B6)					
Period		1st Period		2nd Period		1st Period		2nd Period		1st Period		2nd Period	
		07/01/02 - 09/30/02		10/01/02 - 06/30/03		07/01/02 - 09/30/02		10/01/02 - 06/30/03		07/01/02 - 09/30/02		10/01/02 - 06/30/03	
Mode													
1	05 - Hospital Inpatient (SFC 10-19)	294,224		1,332,840		151,231		687,840					
2	05 - Other 24 Hour Services (All Other SFC)												
3	10 - Day Services	313,628		793,096		161,205		408,542					
4	15 - Outpatient (Program 1)	7,015		27,129		3,606		13,878					
5	15 - Outpatient (Program 2)												
6	Totals	614,866		2,153,065		316,041		1,110,260					
7	Totals from MH1979	614,866		2,153,065		316,041		1,110,260					
8	Effective SD/MC FFP %									51.40%		51.57%	

[illegible]

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
 CALCULATION OF SHORT-DOYLE/MEDI-CAL  
 FOR FY 2002-2003 HOSPITAL ADMINISTRATIVE DAYS  
 MH 1991 (10/04)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

COUNTY NAME: Los Angeles		LEGAL ENTITY			NAME: LAC OLIVE VIEW UCLA MEDICAL CENTER			
COUNTY CODE: 19					NUMBER: 00505			
A	B	C	D	E	F	G	H	I
Settlement Group	PROVIDER NUMBER	SMA RATE	PERIOD OF SERVICE	ADMIN DAYS	SUBTOTAL AMOUNT	PHYSICIAN COSTS	ANCILLARY COSTS	TOTAL AMOUNT
SD/MC	1953	\$231.30	07/01/02 - 07/31/02	20	\$ 4,626	\$484	\$361	\$5,471
	1953	\$236.38	08/01/02 - 09/30/02	84	\$ 19,856	\$2,033	\$1,516	\$23,405
	1953	\$236.38	10/01/02 - 12/31/02	256	\$ 60,513	\$6,196	\$4,620	\$71,329
	1953	\$236.38	01/01/03 - 06/30/03	270	\$ 63,823	\$6,534	\$4,873	\$75,230
						Sub Total:		\$ 175,435
Children EMC		\$231.30	07/01/02 - 07/31/02					
		\$236.38	08/01/02 - 09/30/02					
		\$236.38	10/01/02 - 12/31/02					
		\$236.38	01/01/03 - 06/30/03					
						Sub Total:		
Refugees EMC		\$231.30	07/01/02 - 07/31/02					
		\$236.38	08/01/02 - 09/30/02					
		\$236.38	10/01/02 - 12/31/02					
		\$236.38	01/01/03 - 06/30/03					
						Sub Total:		
Healthy Families		\$231.30	07/01/02 - 07/31/02					
		\$236.38	08/01/02 - 09/30/02					
		\$236.38	10/01/02 - 12/31/02					
		\$236.38	01/01/03 - 06/30/03					
						Sub Total:		
GRAND TOTAL					\$ 148,818	\$ 15,247	\$ 11,370	\$ 175,435